



DO NOT WRITE IN THIS BOX

APPLICATION
NUMBER

DATE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF TRANSPORTATION
PHYSICAL ALTERATION PERMIT APPLICATION

APPLICANT: _____
(PERMITTEE) PRINT NAME SIGNATURE AND DATE

APPLICANT'S ADDRESS

PHONE NUMBER

PROPERTY OWNER: _____
PRINT NAME SIGNATURE AND DATE

PROPERTY OWNER'S ADDRESS

PHONE NUMBER

DEVELOPER _____
PRINT NAME (IF BUSINESS, PRINT NAME OF OWNER OR PRINCIPAL) SIGNATURE AND DATE

DEVELOPER'S ADDRESS

PHONE NUMBER

ENGINEER _____
PRINT NAME SIGNATURE AND DATE

ENGINEER'S ADDRESS

PHONE NUMBER

TYPE OF APPLICATION: SINGLE FAMILY _____ ALL OTHERS _____

LOCATION OF WORK _____
(BE SPECIFIC - HIGHWAY, MUNICIPALITY, STATION, POLE NUMBERS, ETC.)

PURPOSE OF PERMIT _____
ATTACH SEPARATE SHEET IF NECESSARY

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION UNDER THE AUTHORITY OF THE RHODE ISLAND GENERAL LAWS OF 1966.

APPLICANT'S SIGNATURE: _____ DATE _____

DO NOT WRITE BELOW THIS LINE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF TRANSPORTATION
PHYSICAL ALTERATION PERMIT

This permit valid for one year from the date of approval, subject to the conditions listed below and attached:

CONDITIONS OF APPROVAL:

DIVISION OF MAINTENANCE

APPROVED ☐

DENIED ☐

ASSISTANT DIRECTOR OF TRANSP. MAINT.

DIVISION OF PUBLIC WORKS

APPROVED ☐

DENIED ☐

ASSISTANT DIRECTOR OF TRANSPORTATION/PUBLIC WORKS
DATE:

(REQUIRED FOR OTHER THAN SINGLE FAMILY DWELLING)

ORIGINAL - WHITE ASSISTANT DIRECTOR - GREEN MAINTENANCE DIVISION - YELLOW MAINTENANCE ENGINEER - PINK OPERATING UNIT - GOLDENROD